

S. No. 300
V. 10.48

32146

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 9 1952

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 66

1540
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY Lafayette | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette | |
| b. CITY OR TOWN Waverly | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waverly | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Waverly Mo. | | d. STREET ADDRESS (If rural, give location) 0 | |

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|----------------------------------------------------------------|-----------------------|--------------------------|------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Floyd | b. (Middle) W. | c. (Last) Johnson | 4. DATE OF DEATH (Month) (Day) (Year) 10- 2 - 52 |
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|--------------------|-------------------------------|----------------------------------------------------------------------|--------------------------------------|-------------------------------------------|------------------------------------------------|---------------------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH July 16 1893 | 9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months 2 Days 16 | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY General | 11. BIRTHPLACE (State or foreign country) Waverly Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Albert S. Johnson | 13b. MOTHER'S MAIDEN NAME Katie Sue Broughton | 14. NAME OF HUSBAND OR WIFE Single |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY (If yes, give year or dates of service) No | 17. INFORMANT'S SIGNATURE OR NAME Walter Johnson (Waverly Mo.) | ADDRESS 494-30-6731 |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 30 Minutes 2 yrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 4201 YES <input type="checkbox"/> NO <input type="checkbox"/> |
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|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Jan 15, 1952 to Oct 2, 1952, that I last saw the deceased alive on Oct 2, 1952 and that death occurred at 10:50 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE [Signature] (Degree or title) | 23b. ADDRESS Waverly | 23c. DATE SIGNED 10/4/52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10-5-52 | 24c. NAME OF CEMETERY OR CREMATORY Waverly Cemetery | 24d. LOCATION (City, town, or county) (State) Waverly Mo. |
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|--------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------|-------------------------------|
| DATE REC'D BY LOCAL REG. Oct 4-1952 | REGISTRAR'S SIGNATURE 154-0 Clayton H. Landrum | 25. FUNERAL DIRECTOR'S SIGNATURE Marshall F. Home | ADDRESS Carrollton Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

NOV 20 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed RM Marshall, Jr.

Licensed Embalmer No. 469

P. O. Address Corvallis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.